

Case Number:	CM14-0040488		
Date Assigned:	06/27/2014	Date of Injury:	04/26/2006
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old male with a 4/26/06 date of injury. The exact mechanism of injury has not been described. On 3/11/14, a progress note documented the patient had neck and right shoulder pain. She reports that pain has been tolerable with current medication regimen. Objective exam demonstrates decreased cervical ROM with no evidence of instability. He has a normal neurological exam with intact sensation and motor strength. Prior trigger point injections gave her relief for several weeks. A prior cervical ESI at C5-6 gave her 75% pain relief for 4-5 months. A MRI of the cervical spine on 4/5/14 showed a small 2-3 mm x 7 mm disc protrusion at C6-7 with minimal impression on the right ventral thecal sac, as well as mild foraminal narrowing at C3-4 and bilaterally at C4-5 and mild bilateral foraminal narrowing at C5-6. An EMG/NCS of the upper extremities dated 4/9/14 was normal. Diagnostic Impression: Chronic Migraines, Radiculitis, Headaches. Treatment to date: medication management, activity modification. A UR decision dated 3/18/14 denied the request for additional physical therapy, noting that the medical records provides no information regarding the amount, dates, and outcomes of previous physical therapy. The trigger point injections were denied due to lack of physical exam findings consistent with trigger points, as well as questionable radicular symptoms. The ESI was denied due to lack of subjective/objective complaints consistent with a C6 dermatomal distribution, objective findings of radiculopathy, or updated corroborative imaging.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2-3 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 pg 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, this patient has a 2006 date of injury and has likely had physical therapy previously. There is no description of functional improvement or gains in the activities of daily living from the prior physical therapy sessions. It is unclear what has changed in the patient's chronic, ongoing pain that would warrant a course of physical therapy at this time. There is no documentation that the patient is compliant with a home exercise program. Therefore, the request for Physical Therapy 2-3 times a week for 4-6 weeks was not medically necessary.

Bilateral upper extremity trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, there is no description of circumscribed trigger points with evidence of a twitch response upon palpation. In addition, it is unclear whether the patient is having radicular symptoms since this request is also for a cervical ESI. Therefore, the request for Bilateral Upper Extremity Trigger Point Injections was not medically necessary.

Bilateral C5-6 cervical epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, this patient is noted to have a normal upper extremity EMG/NCS showing no evidence of radiculopathy. A cervical MRI dated 4/5/14 showed no evidence of disc herniation at C5-6 and only mild bilateral foraminal narrowing. The patient is noted to have a normal neurological examination. There is no clear description of radiculopathy on subjective examination. The patient does not have subjective or objective findings on examination to substantiate a C5-6 ESI. Therefore, the request for Bilateral C5-6 Cervical Epidural Steroid Injection (ESI) was not medically necessary.